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Original Lectures.

ON GYNECOLOGICAL SURGERY.

EXTRACTS FROM THE GYNECOLOGICAL CLINIC OF THE HAHNEMANN HOSPITAL OF CHICAGO; SERVICE OF PROF. LUDLAM.

Ovariotomy; weight of the tumor, fifty-nine and three-fourths pounds; recovery; remarks upon the complications that may arise from tapping; some thermometric hints.

Case 17797 first came before the class October 16, 1886. She is thirty-one years of age, married, and the mother of one child, now seven years old. Her ill health dates from the birth of that child. Considerable distension of the abdomen was first noticed five years ago, and two years ago it became so pronounced that in November, 1884, she was tapped. In November, 1885, and again in August, 1886, this operation was repeated. Forty pounds of fluid were taken at the last tapping. On careful examination it was decided that she had an ovarian cyst, which was in process of refilling.

At his clinic in the hospital amphitheater on Wednesday, February 16, Prof. Ludlam, assisted by Prof. Bailey and Drs. Reynolds, Kemp, Stewart and Bollen, removed a multilocular ovarian cyst weighing fifty-nine and three-quarters pounds. The chief points in the operation were explained and commented upon as the different steps were taken, and afterward the table was carefully rolled with the patient into her private apartment.

The appearance of the abdomen before the operation and of the inflated cyst are well shown in the accompanying cuts (see Figures 1 and 2). The only serious complication was found in the extensive parietal adhesions, but one of which,

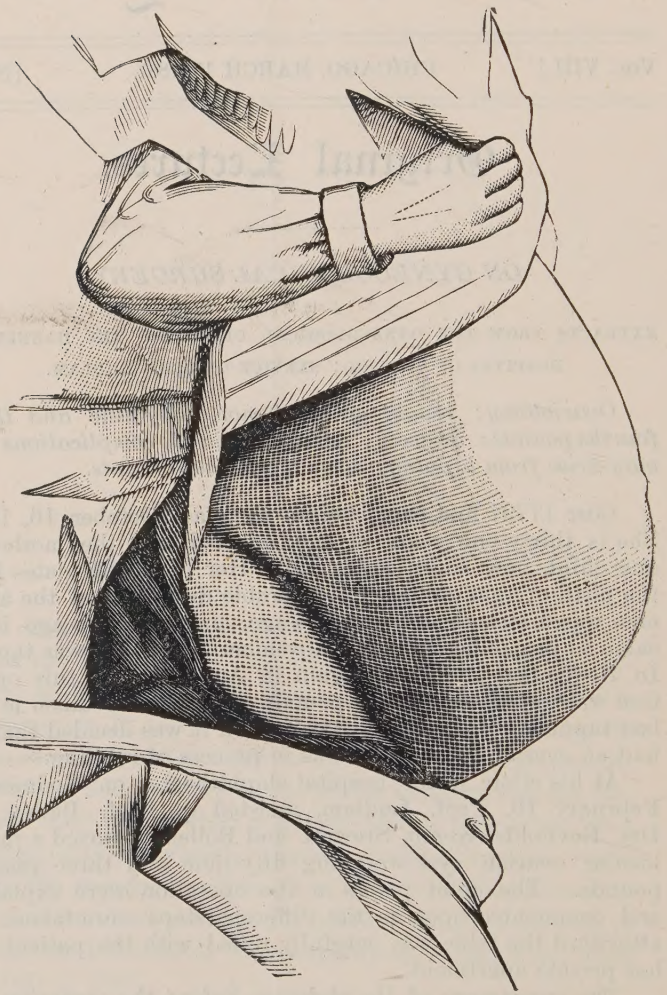


FIG. 1. PROFILE OF THE TUMOR.

however, needed ligation, the others being continuous and very vascular.

February 23 the patient was reported as doing very well; the morning temperature, 99$\frac{1}{5}$°. The highest temperature thus far was 101$\frac{3}{5}$°, and the highest pulse, 126. The twelve silver sutures had just been removed, and the wound was healthy in every respect.

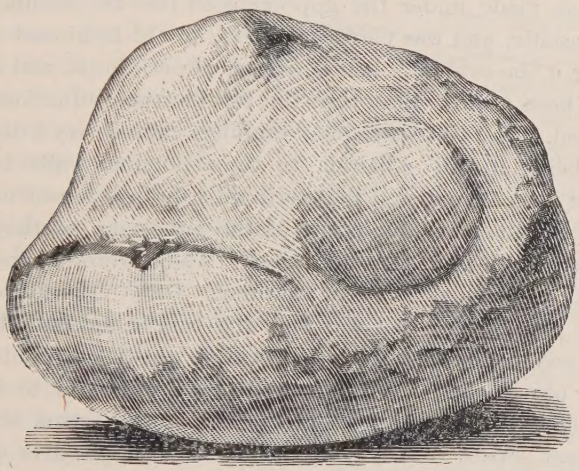


FIG. 2. THE INFLATED SAC.

March 2.—She is having a suppurative fever, with an evening temperature of 102$\frac{2}{5}$°, and a morning ditto of 101° and a fraction. There is no chilliness nor sweats, no loss of appetite or failure of strength, but a small pocket of pus at the lower angle of the wound, and a welling up of the same creamy fluid through three or four of the suture points. The abdomen is neither bloated nor tender, and there is no abnormal swelling in the Douglas pouch. She insists that in all she has not had as much pain since the operation as she had after the first tapping. The bowels respond to a slight enema; the urine is normal; the mind is clear and hopeful, and the tongue clean, without thirst.

March 9.—The wound has ceased to discharge; its lower third is neatly and completely closed, and a small middle portion is filling in with healthy granulations; she eats very well, feels well, sleeps six hours every night, sits up an hour or more at a time in her chair and lies upon either side to sleep and rest. But from the tenth to the twentieth day, with only two exceptions (when it fell to 101° and a fraction), her temperature at

8 P. M. was not below 102⅖°. She has had two slight attacks of diarrhœa which were relieved by *Phosphoric acid* 1.

It is conceded that previous tapping increases the risks in ovariotomy, and that the more often it has been repeated the greater the danger. But of the three tappings which this woman had had, the first was doubtless the most mischievous. It was made under the apprehension that the accumulation was ascitic, and was performed with an old-fashioned trocar. After it she evidently had an attack of peritonitis, and it must have been at that time that the troublesome adhesions were formed. The two subsequent tappings caused very little pain, for, being already adherent to the abdominal walls, the cyst could not collapse and the peritonitis did not repeat itself.

You remember the nature of the adhesions as they were described during the operation. They were all parietal, broad, continuous and very vascular. Only one band needed to be ligated, and that was tied with catgut and cut off short. The neo-membranes which result from plastic peritonitis have their own vessels, are fully organized, are subject to disease, and after the first danger of the effusion of serum and consequent sepsis, readily give rise to the suppurative process from the separation and removal of an ovarian cyst. Hence the recovery, when the patient does recover, is slow and tedious in all cases of the kind in which the peritoneal adhesions have formed after the collapse of the sac from paracentesis.

Indeed the increased danger from tapping an ovarian tumor is not so much from the risk of septic infection through the admission of air or of microbes into the cyst, from inflammation or suppuration of its lining membrane, or from the possible escape and the infiltration of certain tissues by the contained fluid, as from the plastic peritonitis that may supervene the collapse of the sac, more especially if it is a very large one. The clinical significance of the patient's remark that she has suffered less pain in the three weeks that have followed the ovariotomy than she did directly after the first tapping is therefore apparent. * * * * * *

When I removed the sutures on the eighth day this woman had passed through the septic period so well, all things con-

sidered, that her prospects for a speedy recovery were exceedingly good. But those rascally adhesions were of the kind to give us further trouble. The chances were ten to one that what remained of those parietal pseudo-membranes would excite suppuration. And so they did; but fortunately the small amount of pus that was formed found a ready exit, and now she is getting well again.

I assure you that, while the adhesion of the ovarian cyst to the uterus, the bladder, the liver, the intestines, and especially to the lining of the Douglas pouch involves more immediate peril in an ovariotomy, the indirect consequences of such adhesions as we had in this case are more to be dreaded. And the worst of it is that they are apt to come so late in the case that you can not very well fence them out, or avert them. It would not do to drain the abdomen for a fortnight or three weeks in anticipation of their occurrence; nor at so late a period would one be justified, without the most emphatic reasons, in reopening the wound. The accompanying symptoms may not be serious, but one does not feel comfortable to have a patient from whom he has removed a sixty-pound tumor running along from the tenth to the twentieth day with an evening temperature of 103°, lacking a very small fraction.

Now that these matters are righted, you have not only had the opportunity to witness an ovariotomy under the most favorable circumstances, so far as the technique is concerned, but you are prepared to give a sound clinical reason why the tapping of an ovarian cyst beforehand may lessen the chances of recovery from that operation.

Rectocele—Colporrhaphy—Cure. Case 17965.—On Friday, March 11, Prof. Ludlam showed the class a case of rectocele upon which he had operated in their presence four weeks before. The patient, a very clever woman aged sixty-two, was sent to the hospital by Dr. Thomas Gillespie, of Kenosha, Wis. The Doctor had made a correct diagnosis of her trouble; but an interesting fact was that for some weeks before consulting him she had been treated by a "metaphysician" without any diagnosis and with no effect.

The tumor when she was first on the table in the amphi-

theatre was as big as a very large orange, and protruded from the vulva. She had suffered from carrying it for about twelve years, and always supposed that it was the uterus. The operation was made February 11, and consisted in freshning a large oval surface on the vaginal side, and carefully closing the wound with silver sutures, of which there were twenty in all. The bowels were kept soluble; the wound was washed, after the second day, with a mixture of calendula, glycerine and warm water, and the diet was restricted to fluids and light soups. At the end of three weeks ten of the sutures were removed, and on this occasion, at the end of four weeks, the last ten were carefully taken.

The result was perfect in every particular; the tumor had disappeared, the cicatrix had healed completely, and the bowels were regular and moved without pain or soreness of any kind. The patient was very happy, and Prof. Ludlam closed the clinic with the remark that a good gynecologist would *never turn his back, like a metaphysician, on a poor woman who was suffering as this patient did when she was brought into the clinic.*

Report of the women's clinic.—At his last clinic for the Winter Term, February 18, 1887, Prof. Ludlam stated that the session had afforded the class thirty-nine clinics with operations which had been given in the amphitheater, and twenty-one sub-clinics to the senior students, making sixty clinics in all on the diseases of women. This was an average of three clinics per week, or one for every alternate working day during the entire term, a result that would have been impossible but for the invaluable assistance of Prof. Bailey, who, in addition to the above, had meanwhile given forty didactic lectures upon the same branch of study.

Clinical Society Transactions.

DR. A. K. CRAWFORD, SECRETARY.

MARCH MEETING, 1887.

On account of the illness of the chairman, whose turn it was to report, no paper from the regular Bureau was presented at this meeting of the Society, but the time was, nevertheless, fully and advantageously occupied in hearing and discussing a series of short volunteer papers which the editor had received from various sources. The meeting was held on Saturday evening, March 5, in club-room 4, at the Grand Pacific Hotel, as usual.

I. GUN-SHOT WOUND OF THE HEAD—RECOVERY.—H. S. PEPOON, M. D., LEWISTON, ILL.—*Case.*—Friday, August 6, at 2 P. M., I was called to see Leroy Beckett, a boy æt. sixteen, who had been shot accidentally about an hour previously by a playmate, the weapon being a 22-calibre revolver, discharged at about six feet from the victim. On examination I found that the ball had struck the boy's head on the left frontal eminence nearly two inches above the eye, making a small clean hole. On probing, it was found that the ball had passed directly through the skull without causing any fracture or displacement of bone. The track of the ball, which was explored only a short distance, was found to extend directly backward and slightly upward through the frontal lobe. There was but slight hemorrhage.

Just previous to my arrival he had, the mother told me, a spasm, the eyes and mouth being drawn to the right and the body twisted to the left. He had also vomited profusely. The following symptoms were present: Loss of consciousness, no distortion of the features, pupils dilated and insensible to light, closed lids, stertorous breathing, pulse

very irregular and 54 per minute, frequent movements of the left arm and leg, while the limbs of the right side were perfectly motionless, evidently a paralytic state being present; a very slight flow of blood from the wound. Gave *Arnica* 2 every hour.

Returning at 6 P. M. I found the same symptoms, with the exception of the stertorous breathing, which had ceased. Respiration 20 per minute. He had vomited again. During all this time, and up to the next morning, though frequently spoken to, and with eyes open, he gave no token of recognizing anything.

At 5 A. M., August 7, he apparently tried to say something, but failed and sank again into stupor. At 8 A. M. the pulse was 54, breathing normal, pupils slightly contracted. He had urinated naturally. In the evening the pulse was down to 48. He was with difficulty aroused from stupor, and could be kept thus only for a few seconds. The right side was still useless. Temperature 99° in the arm pit.

August 8.—This morning said yes and no in answer to questions, and recognized people. Pulse 54 in the morning, and irregular; 48 at night; temperature 99°. During the day he began to move the right arm a little. Sleeps most of the time; eats when fed, but calls for nothing.

August 9.—Pulse 60; temperature 99°. Moves the right arm and leg, answers in monosyllables; bowels move naturally; eats greedily, but difficult to feed him from the inclination to lapse into stupor. This stupor was prominent during the week.

Thus he continued during the first week. Pulse from 48 to 65, alternate days lower; *no fever*. August 11 there was some mental aberration, champing his food, and in passing feces, grabbing them in his hands and squeezing. By the ninth day he was eating heartily, pulse 60, more wakeful, and begins to complain of pain just in front and to the left of the vertex, which point on pressure is painful, causing him to wince. These pains are spasmodic, ceasing at times. From the first he has scratched his head at this point. He now makes connected answers to questions. Pulse on this day, August 16, 70, temperature 99°.

August 22.—He has continued to improve, and to-day, sixteen days from the date of injury, is up and dressed and walks about the room. Pain at the vertex less. The left eye is decidedly crossed; observed first about the twelfth day.

August 24.—No pain. Up all day. Gaining rapidly in strength. Pulse 78. Eye the same. The remedies used were *Arn. Acon. Bell.* and *Gelsem.* with cold applications to the head and opium fomentations for the pain.

The points of interest are:

1. The ball entering the brain, passing through the frontal lobe and lodging, theoretically, near the vertex.

2. Temporary paralysis of the right side, lasting three days, and seemingly of speech for the first eighteen hours, showing irritation but not destruction of the Island of Reil.

3. Absence of signs of compression, showing that the formation of clot was but small.

4. Entire absence of meningeal inflammation, evidenced by the temperature not rising above 99°.

5. Continued slowness of the pulse—48 to 54—up to the tenth day; not above 80 at any time.

6. Crossing of the left eye. His mother tells me it was always slightly crossed.

7. The boy on his feet by the sixteenth day.

September 10.—The boy is apparently well; no trouble at all. His mental condition is, however, changed. Whereas before the accident he was very loud-mouthed and profane, he now is quiet and rather reserved. Another development within a few days has been the gradual return of the crossed eye to almost its natural position.

Discussion—Dr. G. F. Shears—This is certainly a rare case that Dr. Pepoon has furnished us the record of, not only because of its recovery, but because of the non-development of untoward symptoms. I would judge from its similarity to another case that came under my notice, that the ball lodged in the substance of the brain. If it had become imbedded close to the membranes there would have been an attack of meningitis complicating the recovery. There was certainly no meddlesome surgery in the course of the treat-

ment, for as I understand it, there was little done mechanically, only a slight examination being made, and the outcome of the case shows how judicious this was. The rapidity with which the ball entered the head was, it seems to me, favorable to the case. Because of its velocity the bullet made a clean wound through the bony structure, and the brain tissue was scarred and charred sufficiently to prevent much hemorrhage, consequently there were few symptoms of compression. From a moral standpoint the shot must be considered a lucky hit, but unfortunately this is not to be looked for in every case.

Dr. C. E. Lanning—The movement of the eyes and turning of the head demonstrate that the ball passed through the middle frontal and superior convolutions of the brain, injury to which gives rise to these symptoms. The pain that the boy complained of came from pressure on the cortical filiments of the fifth nerve. There was irritation of the origin of the motor root of the fifth, not of its fibres in the Casserian ganglion. The slowness of the pulse came from implication of the corpora quadrigemina, the irritation of which gives us a diminished frequency of the pulse in a reflex way. I think the bullet eventually lodged in the descending parietal convolution.

Dr. W. S. Gee—I have nothing to offer in the way of discussion of this case, but I would like to ask a question in reference to the ball. Will it become encysted, or is there a likelihood of an abcess forming about it, and will its presence in the brain be likely to develop some nervous condition such as epilepsy?

Dr. G. F. Shears—I can answer your questions only in so far as I have witnessed the effects in other cases. In one I know of the bullet remained undisturbed in the brain and caused no trouble. It no doubt became encysted. In others there have been signs of septic absorption, and it may be imperative then to trephine and give vent to the morbid products.

Dr. A. K. Crawford—In a unique case of brain surgery performed by Dr. Fluhrer of the Bellevue Hospital, New

York, in which, after locating it by probing, the bullet was extracted at the opposite side of the calvarium from which it entered, an excellent recovery was made. But some time afterward, in consequence of a blow upon the skulless portion of the brain, where trephining had been performed, the boy had a violent epileptic seizure; so that it would seem as though epilepsy might easily fall to the lot of those who had suffered these brain injuries.

Dr. W. M. W. Davison—I have been very much interested in this paper on a gun-shot wound because I have had one case in my own practice that bears a close similarity—not so serious, yet regarded as dangerous; the party recovered. Peter S—— aged twenty-one, a photographer, having lost all his money gambling, secured a room in the Belmont House, Parsons, Kansas, and retired for the night. On awaking in the morning in a perturbed state of mind over his pecuniary condition, he placed a small one-barreled breach-loading pistol charged with a shot cartridge against the right side of his head, about three-fourths of an inch above the zygomatic arch, and backward and upward about two inches from the outer cauthus of the eye, and fired. The shock did not render him even unconscious. The pain occasioned was so great that he commenced screaming at once. A porter from the hotel called me from the street as I was passing by, and on entering the room I found him writhing in agony. The pillow and bedding about the head were saturated with blood, showing that the loss from hemorrhage had been considerable. Turning him on his left side I went to my office and secured the necessary dressings. When I returned he had turned back to his right side, and I found that about a teaspoonful of brain matter had oozed from the wound. I called the attention of the hotel clerk and a physician who was in the house to this fact. Very few of the shot had penetrated the brain; most of them had spread in every direction from the central point and could be felt beneath the skin. These I removed with a pair of forceps.

In addition to the laceration caused by the shot, the integument and subjacent tissue was badly powder-burned. Calendula and ice water were applied to the wound, and on account

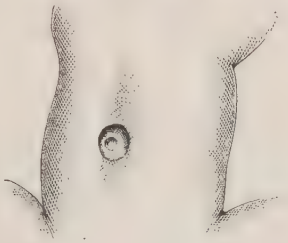
of the pain an anodyne was administered. I did not like to resort to this, but as he was screaming and tossing about disturbing every one in the rooms around about, I was compelled to do so.

Aconite 3x and *Arnica* 3x were given alternately every half hour through the day. At night his temperature was 102°, pulse 120. A very restless night was passed, and when I called he showed plainly the action of the anodyne. Temperature was 101°, pulse 115. He complained of a great deal of pain whenever he moved. He said it seemed as if his brain was dashing against the sides of the skull whether he moved or not, but that movement made it worse. *Belladonna* 3x every hour, and *Arnica* 3x intercurrently, three times through the day. On the third day he was better every way, and called for something to eat. The attendant had used the Calendula and ice water very freely, and beneath the large compress of absorbent cotton which covered nearly the whole side of his face, were numerous small blisters. On discontinuing the use of the Calendula these blisters at once healed, and reappeared on its re-application. Knowing as I did that the so-called *Regulars* were watching me and making all sorts of reports about the impossibility of such a case recovering, I gave the case all the attention necessary, and had the gratification of seeing my patient able to sit up at the end of two weeks, and a couple of days later walk about. In the paper just read, the injury seems to have cured for the time being at least, a disposition to swear. In my case I noted that when he was able to walk about there seemed to be a loss of self-reliance; no manly spirit, a disposition to complain bitterly when requested to do any little thing. He developed an appetite for eggs that caused some uncomplimentary remarks from those who boarded him. After totally recovering (the wound having healed, leaving only a small scar) he boarded a freight train and left the town, not stopping to thank landlord, doctor or any one, for the care they had taken of him.

Dr. G. F. Shears—The probing for foreign bodies in the brain is something that should be let severely alone. The brain tissue is intolerent of such treatment, and I am sure it

is the voice of most surgeons not to interfere with this organ when it is the seat of injury. More harm than good is likely to ensue if much probing is resorted to.

II. Spina bifida—recovery—By H. P. Skiles, M. D., Chicago.—I have the pleasure, through the kindness of her mother, of presenting this little child to you this evening. It is a case of spina bifida betwen the sixth and seventh dorsal vertebræ, from which the child has completely recovered. She was born in September, 1884, with a tumor in the locality named about the size of a large hen's egg. I told the parents that their child might live not more than a few weeks,



CASE OF SPINA-BIFIDA TWO YEARS AFTER RECOVERY.

judging from the history of such cases. At the end of the third week Prof. Geo. A. Hall was called in counsel, and the sac was emptied by means of an aspirator. The fluid drawn off was quite clear. A compress was applied with the hope that we would get adhesion. At the end of twenty-four hours after aspiration, the sac, in spite of the compress, was as full as before. The third day after the operation I aspirated a second time and followed with a *severe* compress, with just the same result.

Finding our efforts in vain, I prepared a protective bandage of surgical felt, and having fitted it to the spine, I left her, ordering the nurse not to disturb the dressing nor handle the tumor. In the sixth week of the child's life I commenced the administration of *Calcarea phosphorica* 3x trit., made by myself from the crude drug. Three powders were given daily. From this time on, the improvement was manifest to every member of the family.

In two or three days the size of the tumor was reduced one-third. Absorption gradually progressed until, as you see now, nothing but this fleshy stump remained. This has been the condition of it for over two years. When seven weeks old the little one had a severe attack of whooping cough, which made the prospect of recovery still more dubious.

She is now quite well and strong, and the osseous formation of the spine is so complete that there is not a sign of curvature, and she is as bright as any of her playmates.

Discussion.—Dr. G. F. Shears--In connection with such a veritable case of recovery, the remedy used, *Calc. phos.* is certainly worthy of remembrance. The location of this bifid spine is much more rare than the same condition in the lumbar region, and usually the accompanying tumor is much smaller. One case I recall, in which the tumor was pedunculated, direct compression was applied between the tumor and the spinal canal. This had the effect of drying it up, and then it looked like an old hernial sac. Still the finger could detect a hole through the vertebra. The case passed out from under my observation. As a rule, operations upon this malformation are not successful. Ligation has been tried, but the success has not been great. The tumors have been injected with iodine, generally with bad results. The record of Dr. Skiles' case is more than usually satisfactory.

Dr. W. S. Gee--On what symptoms did you prescribe the *Calc. phos.*? Were there any special indications, or was the remedy given because of the condition?

Dr. W. M. W. Davison--Several of the members here may remember how enthusiastic Dr. Von Tagen was, in his day, about the efficacy of *Calc. phos.* in cases of malformed and diseased bone structure. On one occasion a case of necrosed tibia came to the Hahnemann Hospital, for which several physicians said nothing could be done but amputation. Dr. Von Tagen was willing to stake his reputation that the limb could be saved with *Calc. phos.* It was given, and after sufficient new bone had formed, the necrosed shaft was removed and the case discharged cured.

Dr. Skiles—I recognized in my case an arrested growth of bony tissue, and I gave the *Calcarea phos.* to increase, if possible, the growth of the undeveloped vertebræ, and thereby shut off the supply of spinal fluid from the tumor. There was just a chance that this might result, and I gave the child that chance. The prescription was made on general principles, and I gave the remedy low, sometimes the 2x, sometimes 3x, a good sized powder, three or four times a day. The family history is perfect, and another child by these parents is well formed in every respect. Dr. Shears' remarks remind me that this tumor was attached by a pedicle.

III. Phthisis—recovery.—Dr. P. P. Gray of Honolulu in writing to his friend Dr. H. P. Holmes gives an account of the following:

Case.—Male, æt. twenty-three, light hair, blue eyes, a little below medium height, slight of build and slightly stoop-shouldered, a carpenter by trade, contracted a severe cold twenty months previous to his visit to me; was treated allopathically by several M. D's., with no benefit. He comes to me looking pale, very weak and sick; has not done a day's work for more than a year; voice weak, can scarcely talk on account of excessive coughing; cough sounds deep and moist; always worse toward morning; expectorates large quantities of "matter," greatest quantity mornings; has expectorated a great deal of blood about every month for nearly a year; moist rales throughout both lungs worse in upper lobes; tenderness and pain in front chest on coughing, profuse night sweats and no appetite. Patient has all the appearances of being in the last stages of consumption.

Not thinking it possible for him to recover, I at the time made no notes of the case; but not having gone outside of three remedies am able to give his treatment correctly. He visited me once a week. The first and second weeks he received four doses daily of *Hepar sulphur*, which controlled the night sweats but seemed to have little influence on the cough or amount of expectoration. I then changed to *Acalypha Indica* 3 on account of the expectoration being streaked

with blood. No more blood after the first day with the medicine. Still expectorates "a large handful" every morning.

After studying his case more thoroughly concluded *Stannum* was the indicated remedy. I gave the remedy as suggested in Brigham's "Phthisis Pulmonalis" *one dose only per week.* Well I have given him four doses in four weeks and you never saw a patient *boom* as this one seems to have done. His appetite has steadily improved, cough grown better and better every day; expectorates less and less and he says he is nearly well. He came to-night and says he has been working every day for the past week. Gave him Sac Lac and requested him to report a week from to-day. As long as he keeps improving will not give him any more medicine.

IV. Acephalous monstrosity, with specimen (illustrated) —By W. F. Green, M. D., Miles City, M. T.—Dr. S. Leavitt laid upon the table before the President a specimen, which had been sent him, of a brainless head removed from a new-born child, of which the following is the history.—The cut is developed from a photograph.—*Case.*—Mrs. A. B. C., æt. twenty-eight, blonde, stout and well built, mother of one boy, who is four years old and advanced mentally, equal

PROFILE VIEW OF DR. GREEN'S CASE OF ACRANIA.

to the average boy at seven years. This boy is very healthy, and has a well built frame, showing no hereditary or other

taints. During her last pregnancy she was troubled with nausea and vomiting from the very first day till the labor set in, just 300 days from last menstruation. From the fifth month she experienced a great deal of motion, so much so that at times she would be completely exhausted; otherwise she felt just the same as she did in her previous pregnancy, except that the motion was confined to the epigastric region, and the child was "carried *very* high." When she had just passed her first month, she was watching the men breaking some horses to ride, and while doing so was very much frightened by one of the men being thrown and striking squarely on the top of his head. In an hour or two she felt composed, and then thought of her condition. From that time till delivery it was on her mind almost continually. Her labor was severe and rapid, lasting only three hours. No laceration, and the placenta came away shortly after delivery. Footling presentation, and second position; male; weight, ten pounds. Everything was normal except the head, the body being well proportioned. It lived just five hours, and in that time it voided urine, normal in quantity, quality and color. It cried as lustily as any child I have ever heard, and in every way bade fair to live till the fourth hour, when its cries became weaker and respiration shorter till it died. The mother is making a rapid and good recovery.

V. Placenta prævia complicated with dystocia.—*Case.*—Mrs. McL., a short, thin, scrawny woman, of Canadian descent; æt. thirty-eight; mother of five children; she has a slight lateral dorsal curvature. Last winter I attended her through her third miscarriage at the third month. She seemingly recovered from these, or enjoyed as good health as she had before them. We expected placenta prævia, as we had been called at the seventh and eighth months to stop alarming and excessive hemorrhage, which was controlled by rest and inserting the finger in the os uteri and loosening the placenta close to the os or contiguous to it. Flowing set in again on the evening of January 14, and continued all night. On the morning of January 15 I was called, and found the os the size of a dollar, and moderate hemorrhage. The pains were of a migratory

type and very mild. The flowing not being profuse, the indicated remedy was given, but instead of the pains increasing, they ceased entirely about the middle of the afternoon, and the hemorrhage became alarming. The placenta was punctured with the scalpel guarded (by wrapping almost to its point). Leavitt's forceps were applied to the head in cephalic mode above the superior strait, and the head brought down into the pelvis, when the hemorrhage stopped. Ergot fl. ext. Sq. in material doses was given internally, and everything nearly externally was tried so as to induce contractions, but to no avail. Delivery was completed with the forceps only, and occupied one hour and a half with hard work. As soon as the child's head was born the membranes were ruptured, and the bed and floor was flooded with amniotic fluid. We filled a large slop jar, chamber vessel, and nearly filled a large tobacco pail, besides what soaked into the clothes and ran on the floor. There was a slight laceration of the perineum, requiring three stitches only.

The peculiarity of the case after delivery was the periodical cramps in the calf of her right leg—having no after pains any where else. The placenta being within easy reach was removed by the hand.

The child was a male, weight nine pounds, and was nearly asphyxiated when born. Normal respiration was not established for nearly five hours aftor delivery. At first respiration was carried on by applying my mouth to the child's and breathing for it. There was no return of the hemorrhage after the head was brought down. Both are well to-day.

VI. Novel treatment of chronic morning diarrhœa. lienteria.—By D. S. Oliphant, Toronto, Canada.—This is promptly cured by *mechanical treatment*, superadded to use of *Ferrum Phos.* My custom is to place the patient on a railroad car (not too easy), to subject him to the jarring, tremulous motion of a seat immediately over the wheels; or, better yet, on a steamboat, on deck, between the engine and paddle-box. The peculiar jar imparted to the abdomen arrests the peristaltic motion of the bowels and affords time for absorption of chyle. The cure is complete and rapid for obvious reasons.

Hospital Notes.

THE GYNECOLOGICAL CLINIC.

SERVICE OF PROF. BAILEY.

Immediately following a didactic lecture on uterine displacements, a sub-clinic class was called, and the following cases of uterine displacements were brought before them, where the methods of diagnosis were very carefully explained, step by step, and the conditions were verified in the presence of all the members of the class.

DYSMENORRHŒA FROM RETRO-FLEXION.—*Case* 17936.—Patient aged thirty years; married. Menses were established at thirteen years of age. They were regular and painless until two years ago, since when they have been accompanied by pain, which increases in severity with each monthly cycle. The flow is scanty the first day; later it is spasmodic and clotted. Bowels are very irregular, and when they do not move every day she suffers acute pain in the rectum. At times she has bloating of the abdomen and feet.

Local examination showed the cervix and external os normal. Parts non-sensitive, except one spot posteriorly toward the rectum. On attempting to pass the sound an obstruction was met at the internal os. The patient was then placed in Sim's position, and the instrument (Ludlam's repositor) was passed into the cavity of the organ, which disclosed the fundus lying backward in the hollow of the sacrum, giving a retro-flexion of the third degree.

After carrying the fundus upward and forward into its normal position, we placed a tampon of wool in the posterior vaginal cul-de-sac. The tampon being antiseptically prepared, the patient was directed to wear it forty-eight hours and report for further treatment. Gave *Caulophyllum* 3 x. four times daily. This patient has no children, and has no history of conception. Diagnosis—dysmenorrhœa and sterility, from retro-flexion of the third degree.

RIGHT LATERO-VERSION OF THE UTERUS.—*Case* 17916.—Age twenty-three years; not married. Came first to this clinic

December 17, 1886. Last July had an attack of diarrhœa which kept her in bed two weeks. Since that time she has had a profuse continued leucorrhœal discharge; strength rapidly failing; complains of severe headache in left temple, throbbing "just like a hammer." Severe pains in the back and through the pelvis, none on the left side.

Local examination disclosed the uterus lying obliquely across the pelvis; the fundus directed toward the right acetabulum, the cervix is displaced to the left; the vagina was inflamed and very sensitive.

We placed a tampon medicated with Hydrastis Canadensis—the watery extract—and gave *Bell.* 3 x. four doses daily.

December 24.—Not materially improved; continued same local treatment; advised use of hot water injections and gave *Bell.* 30 x.

December 31.—Still complains of the headache sensation, "just like a hammer beating in left temple." Pelvic symptoms somewhat relieved. Treatment continued.

January 7.—Reports a great deal better.

January 14.—Much improved.

January 21.—Says she does not feel so well this week. Gave *Nux vom.* for the intercurrent symptoms.

January 28.—Very much improved; head symptoms with others have disappeared.

The right latero-version is due to the shortening of the right broad ligament, resulting from former pelvic inflammation. This form of uterine displacement to such a degree as here demonstrated is rare. As long as the degree of tension is maintained that now exists in the ligamentous supports of the uterus, the uterus will remain practically anchored. The use of the sound and repositor will return the organ to its normal position, but it soon returns to the abnormal one. This degree of tension may exist for some time or possibly increase. There is also a possibility of a relaxing influence upon the subsidence of the sub-acute inflammation, and a bettering of position would then be maintained.

Antero-version.—*Case* 17768.—October 15.—Married; aged twenty-five years. Much bearing down, severe backache; frequent urination. Local examination found a slight laceration of cervix with cervicitis. Do not think operation for this laceration necessary unless reflex symptoms arise. Placed cotton tampon with Hydrastis against the cervix and prescribed *Bell.* 3 x. four times each day.

October 22.—Complains of the bearing down and backache;

thinks them worse; irritability of the bladder remains about the same. Local examination shows the inflammation improved. Found the cervix high up and pointing toward the hollow of the sacrum. On introducing the sound, found the fundus uteri pressing against the bladder; the womb anteverted to the second degree. The organ was also slightly bent upon its axis making almost a case of anteflexion, the uterus being carried backward by the uterine sound to its normal angle. A wool tampon was placed between the uterus and the bladder in the anterior cul-de-sac. *Caulophyllum* 3 every three hours.

November 5.—Reports that she felt much relief after the uterus was reposited but has felt badly again this last week. The inflammatory symptoms have all subsided. Reposited the uterus and placed tampon as before, and continued *Caul.* 3 x.

November 12.—Feels about the same. Applied Hydrastis for a tendency to a return of the inflammation; reposited uterus and placed tampon as before; continued the remedy.

November 17.—Reports that she feels better. From this time she reported weekly until December 10, when the symptoms had entirely subsided, and local treatment was discontinued.

December 21.—Reports again after the lapse of six weeks; has a return of all the symptoms. We now find the fundus resting upon the bladder, the cervix in the centre of the vagina. Thus we find a former case of version converted into one of flexion.

Treatment: Reposited and placed a wool tampon in the anterior cul-de-sac.

January 28.—Has had relief during the past week; irritability of the bladder has subsided; complains only of a backache. *Caulophyllum* 3 every four hours.

Reference has been made in this case to the small tampon of wool that was placed as high up the anterior vaginal wall as it could be readily forced. This preparation certainly forms a sort of elastic pessary, which by its shape and position, for the time at least, has the tendency to replace backward the uterus, and also to keep it, by mechanical pressure, from coming forward so as to again rest upon the bladder. The changing of this tampon every other day has kept the displaced uterus back in position for days at a time. The necessity of a more heroic treatment does not exist, hence the frequent use of the wool tampon is restoring her to an improved condition of health. The chief value in this form of local treat-

ment is, I apprehend, to be found in the elasticity of the support used. Tampons of cotton are not of avail, and the tonicity, or rather the lack of tone in the vaginal walls would not assist in maintaining or tolerating any other form of support. To deny her this is to allow the displaced uterus to remain out of place, and all the attending symptoms to return as well.

Clinical uses of the sulphuret of carbon.—In a review of the thesis upon this salt and its effects by Sapelier, contained in *L'Art Medical* for this month, Dr. M. Jousset makes some very practical points: (1) Its poisonous effects, as noted by Delpech in 1856, are really due to its mixture with hydrogen, and not to the pure salt; (2) the modes of elimination are through the lungs, the kidneys and the bowels; (3) the most prominent toxical symptoms are muscular weakness, progressive slackening of the respiration, small pulse, cold extremities, cold sweats, arrest of the heart in diastole, diarrhœa and vomiting; (4) the clinical indications will make it of service in cholera, simple diarrhœa, hæmaturia, and possibly in gastric ulcer, for among the poisonous symptoms induced were distension of the stomach, hæmatamesis, and ulceration of the stomach and the duodenum; (5) the first three dilutions should be made with water, and after that with alcohol, the same as with the acids, else the poisonous hydrogen compound w be developed by the alcohol.

Commencement Exercises

OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO—SESSION OF 1886–87.

The Twenty-seventh Annual Commencement Exercises of this Hospital Medical School were held on Thursday, February 24, at 2 P. M. in the Grand Opera House. The day was bright and auspicious, and the audience large and enthusiastic. Everybody was at his or her best, and a happier lot of young doctors and their friends were never convened in this or any other city. Many of the alumni were present to show their interest in *alma mater* and to participate in the joyful occasion.

The programme opened with prayer by the Rev. Dr. McPherson, of the Second Presbyterian Church. After a spirited selection by the orchestra came

THE ANNUAL REPORT

BY PROF. R. LUDLAM, DEAN OF THE FACULTY.

In offering the Twenty-seventh Annual Report of the Hahnemann Medical College and Hospital of Chicago, I have only to repeat and renew the assurance of its increased prosperity and usefulness. The year that closes with this occasion has furnished better and more thorough instruction than any that have preceded it in the history of the institution. Especially is this true in the clinical departments; for, while the full measure of didactic teaching has been carried on, and not been neglected, the practical, objective, hospital work has very much increased.

The aim of the authorities of this school, and of its teaching corps, to place it and keep it in the front rank of our medical colleges is more fully realized than ever before. A most encouraging feature of our work is found in the increased proportion of students who come hither from every part of the country to finish their medical course and to avail themselves of the highest order of clinical instruction.

During the last winter session the class has been large, industrious, and without a single exception orderly and respectful in all of its relations. The course has passed without interruption, and with the utmost harmony of purpose. Of the ninety-seven who have complied with the requirements which permitted them to become candidates for the degree, *ninety* have been found worthy of it and are therefore presented to your honorable body with a recommendation for its bestowal.

CONFERRING OF THE DEGREE.

BY DAVID S. SMITH, M. D., PRESIDENT.

The successful candidates having been called upon the platform by the secretary of the faculty, Prof. Bailey, the ceremony of conferring the degree was performed with a few impressive and appropriate remarks by the president of the board of trustees.

LIST OF GRADUATES.

Anderson, Arthur James,	Kansas.
Atkins, Lloyd Rosswell,	Connecticut.
Avery, Mary Elizabeth,	New York.
Babcock, Cyrus M.,	Michigan.
Bain, Robert Chisholm,	Illinois.
Bersuch, Frederick,	Kansas.
Bollen, Christopher,	Australia.
Bonham, Alfred N.,	Indiana.
Booth, A. J.,	Illinois.
Bossard, Marcus,	Wisconsin.
Boyce, Alvin,	Massachusetts.
Briggs, Herron Grant,	Pennsylvania.
Brown, Hannah M., Miss,	Wisconsin.
Bryson, Louise Fiske,	New York.
Bushee, Grant Brayton,	Illinois.
Canfield, C. T., *ad eundum*,	Illinois.
Carr, Jennie C., M. D.,	New York.

Chaffee, Walter D.,	Michigan.
Colburn, Edgar L.,	Iowa.
Coon, Ferdinand Wilson,	Illinois.
Dilliard, Edmund,	Illinois.
Dow, Marana C., Mrs.,	Wisconsin.
Dow, Nelson L.,	Vermont.
Dumont, Anna C., Mrs.,	Pennsylvania.
Duncan, David,	Illinois.
Dunklee, Harley Keyes,	Vermont.
Ehrlich, Henry,	Illinois.
Ertl, Mary S., Mrs.,	Wisconsin.
Evans, Almus P.,	Kansas.
Ewing, Alice Amelia,	Wisconsin.
Fryberger, William Othniel,	Minnesota.
Goodale, Leon Harvy,	Iowa.
Gordon, Horace A.,	Maine.
Halbert, Homer Valmore,	Illinois.
Hale, Geo. P.,	Michigan.
Halloway, Lizzie E., Mrs.,	Indiana.
Hallowell, Henry C.,	Illinois.
Hamilton, Rosalie, Miss,	Ohio.
Hammond, John H.,	Indiana.
Hammond, Hilton,	Indiana.
Hartman, William L.,	New York.
Harvey, John B.,	Illinois.
Hastings, A. H.,	Indiana.
Hatch, Raymond Weston,	Minnesota.
Hermance, Alexander Clinton,	New York.
Hickox, Katherine L. K., Mrs.,	New York.
Hinkle, Abbie A.,	Ohio.
Hinkley, H. Lu Sern,	Ohio.
Hoefle, Henry C,,	Illinois.
Hoehne, Evelyn C.,	Wisconsin.
Holmes, Sara E.,	New York.
Hough, Joseph Purcell,	Illinois.
Hurlbut, John Fremont,	Wisconsin.
Kahle, Franz Theodore,	Germany.
Karst, August,	Illinois.

Kelly, Bernard C.,	Iowa.
Kohler, Christian H.,	Minnesota.
Krueger, Julius H.,	Illinois.
Lang, Jacob,	Indiana.
MacCracken, William P.,	Pennsylvania
Mackey, James Lewis,	Ohio.
Miller, Haschall Phelps,	Wisconsin.
Neal, Dwight Baldwin,	Nebraska.
Newton, John A.,	Indiana.
Nichols, Robert M.,	Wisconsin.
Nivison, Alice C., Miss,	Wisconsin.
Oberg, John,	Kansas.
Orr, Julia M.,	New York.
Pickering, Jane A.,	New York.
Porter, Frank A.,	Nebraska.
Sackett, Jay Le Roy,	Minnesota.
Schmidt, J. A.,	Germany.
Schott, Ira John,	Illinois.
Schrader, William H.,	Illinois.
Shepard, Mary A.,	Indiana.
Slough, Libbie Olive, Miss,	Pennsylvania.
Smith, Ida E., Mrs.,	Pennsylvania.
Smith, Sarah A.,	Iowa.
Sondericker, William,	Illinois.
Stephens, William Richards,	Pennsylvania.
Vincent, Edward E.,	Illinois.
Waggoner, Charles T.,	Iowa.
Waggoner, Mortimer Clement,	Iowa.
Walthall, James Madison,	Louisiana.
Wilson, Edward,	Michigan.
Worcester, Frank D.,	Vermont.
Wheeler, Frances W., Mrs.,	Illinois.

VALEDICTORY ADDRESS.

BY REV. S. J. McPHERSON., D. D.

Ladies and Gentlemen of the Graduating Class: By the generous partiality of your honored instructors it has been made my privilege to address to you a few farewell words of congratulation and counsel. As I am a personal stranger, my valedictory must also be a salutation. Permit me to greet you heartily. My knowledge of you and your particular profession is so restricted that my remarks may lack definiteness. But they will at least be charged with hearty good will, and they will escape the suspicion of personalities and the compunctions of modesty which would necessarily afflict any medcal man that should occupy my present position before you.

First of all, let me cordially felicitate you upon successfully reaching the goal of your student life, the open door of your chosen career. I hail you as doctors. Your are now the official peers of your teachers, with all their rights and privileges, duties and responsibilities. You have fairly entered upon a most noble profession, whose opportunities may well satisfy the highest of worthy ambitions. If it does not seem presumptuous, let me venture to welcome you to professional life. Do you not agree with me that we are brethren? Your life, as well as mine, is to be distinctively a ministry. Human welfare is our common object. To relieve pain, abate disease and wage war upon death is our common occupation. High character, thorough yet pertinent and practical knowlege, and the just confidence of society, are the common sources of our success. The approval of a good conscience, and the eternal favor of Almighty God, are to be our real rewards. Permit me, therefore, to present to you my *fraternal* congratulation on this auspicious day.

In order to deserve well of you by cultivating the prime merit of brevity, let me comprehend the counsels of the hour under the one cardinal virtue of loyalty. This limitation imposes no real sacrifice, because loyalty involves the whole retinue of the virtues. It is based upon the fundamental quali-

ties of truth and courage, without which no person can be permanently successful. For these two qualities underlie all genuine character. The deadliest thing in life, as well as the meanest, is a lie. It throws one out of all relation with society and nature, since it thrusts one athwart the pathway of universal law. For law was organized to maintain truth and to expose falsehood. A liar soon ceases to believe himself. His memory, his imagination, his culture, even his conscience, soon begin to play fantastic tricks with him. God, himself, can hardly procure favor to the untrue man. As we all know, the Bible's list of those who are finally shut out of heaven finds its climax, not in sorcerers and whoremongers and idolaters, but in whosoever loveth and maketh a lie. Truth, then, from every view-point, is a primary necessity. But it can never, in this world, be successfully dissociated from courage. There are many respectable shams abroad, and truth can face them only as it is armed with valor and fortitude. Hence loyalty, as rooted in truth and courage, should hold the foreground of this memorable picture which is framed by your graduation day.

The first obvious application of this principle emerges in the counsel to be, each one of you, loyal to yourself as an individual. Not for nothing, rest assured, did Providence make your face, your temperament, your environment, distinct from those of every other unit in the numberless millions of mankind. Humanity is the level ocean with common qualities, but individuality is the separate wave which has its own predestined work to do. Confide in your special characteristics as securely as in your share of humanity. You can no longer remain under preceptors and professors. You must meet life's emergencies by yourself. Do not be paralyzed by the dread of inevitable mistakes. Become, indeed, all that of which you are capable. Renounce indeed everything that may seem to you an eccentricity. But then, calm and resolute in every peril, trust and use those best things that have come to be yourself.

"To thine own self be true;
And it must follow, as the night the day,
Thou canst not then be false to any man."

This occasion suggests, as a second counsel, that you be severally loyal to your alma mater. You owe her much, far more than you are likely to appreciate until a period of independent care shall have touched your heart with the bitter-sweet of home sickness. She has instructed you and quickened you. She has afforded you the precious associations of valued friendship. She sends you forth to-day with her diploma and her benediction. You go abroad as her recognized representative and champion. The world will largely measure her by what you are. A glance at your class-list informs me that it has been made up from seventeen different States and from two foreign lands. It depends upon you and your fellow-graduates whether she shall be represented or misrepresented in those wide regions. Cherish then, your cherishing mother. Visit her whenever you can. For henceforth her influence and yours are to be mutual. Your unselfish interest in her welfare will contribute to your own highest interest. See to it that she owes something to your nurture, that you may yourself flourish in her reflected glories.

Similarly, let me counsel you to be loyal to your profession. The world will greet each one of you as "Doctor." Be worthy of the name, that, by exalting it, you may help to make it everywhere the real synonym of worth and help. Magnify this office, which is always to be identified with yourself. Rebuke all interior skepticism about its intrinsic excellence, or else quit it like honorable souls. Ignoble things may perhaps be falsely ascribed to you. Baser things may seek to shield themselves under the fair ægis of your professional name. You need hardly hope in this world to escape the vicinage of carping cynicism. Not a few may demand from you the impossible. But none of these things will tempt your loyal heart to desert that chosen line whose value and whose bounds alike, you know better than others can. You can put down quacks and critics, not by wrangling with them, but only by demonstrating to men your own superiority. You can but live them down by making yourselves more learned and less pretentious than they are. The free and unpatented communication of nature's real remedies is the slow but sure method of conquering them in the end.

Especially be loyal to the ethics of your profession. What your special code is, you know far better than I. But it is a great thing that your profession recognizes a code which can be called by no lower name than ethical. The moral view of life takes peculiar cognizance of its highest and most perpetual elements. This moral code binds you first to the capital fact that yours is not to be simply a life of business. Of course it has a business side. You must be prompt, methodical and loyal to all engagements. You should make money. Indeed, the more you can honorably make the better I shall be pleased, and you, too, perhaps. But the characteristic emphasis of a profession can never be properly placed on its business interests, one whit more than the emphasis of manhood can be placed on the animal nature. The business side of your profession is wholly in order to something higher—that something which is distinctively ethical. This truth you fairly recognize by your code, and also by the universal charity of the medical profession, which must not stop to ask whether a patient is rich or poor, but only whether he needs and calls a doctor. It is a supreme requirement that you be loyal to humanity. You come nearer perhaps to humanity, in the individual, the sacred circle of the family, and in some public institutions than do men of any other class. What enormous obligations, then, does humanity lay upon your loyalty.

Your excellent ethics, too, bind you to the repudiation of bigotry Formerly it was supposed that religion had exclusive right to bigotry, and that ministers alone

> "Prove their doctrine orthodox
> By apostolic blows and knocks."

But while I could wish that bigotry were the blight of only one profession, public opinion declares that I must now share it at least with all schools of medicine, excepting, of course, your own. The real truth is, I fear, that bigotry is an excrescence of imperfect human nature itself, rather than of any one profession. But what is bigotry? It is, I think, a sort of sanctimonious quackery. Its top roots are ignorance and egotism, and it grows best in soil of credulity and

superstition. The antidotes for it are large knowledge and charitable modesty. Any man is in special danger of bigotry if he fancy that after graduation he need not study any more, or if he refuse to welcome the light from all directions, including that of his enemy. The word Doctor means both a learned person and a learner. It is to the honor of good physicians that they never feel as if they had finished their education, and that they are always hospitable to the truth, under whatever disguise of prejudice it may chance to come. They believe in making progress. Like the sea, they keep wholesome by never remaining still. Stagnation is, or ought to be, professional death. The highest form of loyalty, including all others, is loyalty to God. Medical students, it is said, sometimes affect religious skepticism. They deal so exclusively with the body that they may be tempted to forget the influence, if not the very existence, of the soul; for each profession may unconsciously put too exclusive a stress upon its own special department of activity. But experience, I believe, will presently show actual practitioners that faith is no small secret of professional success. Doubt is always disabling; faith is vitalizing. It inspires confidence and earnestness. It develops manhood and womanhood, which are, of course, as essential in physicians as in others. It leads a doctor to treat a patient as something more than a mere animal. It lays hold of the marvellous power which a patient's mind exercises over his own body. It even enables him in the sick room to utilize a minister, who is not a fool, as a coadjutor, rather than to endure the minister as a nuisance and intruder. It takes account not only of natural law, but also of the supernatural law-giver. It discovers the Great Physician not so much in Hippocrates or Hahnemann as in Jesus Christ. If I overestimate this element of loyalty, I hope that you may not underestimate it.

Doctors, you have patiently attended to my words; instinct at once with my convictions and my congratulations. I have counted it a rare privilege to address you. Like the officers of your college and the friends who are assembled in your honor, I shall hope to hear of your prolonged and unin-

terrupted prosperity. In their name, with hearty and devout good wishes, I bid you good-bye,—God be with you. "Farewell, and stand fast."

THE PRESENTATION OF PRIZES.

The Dr. D. S. Smith prize of $50 was given for the best general examination to Homer V. Halbert, of Illinois.

The Halsey Bros. annual prize of a buggy case for the second best general examination to Henry C. Hallowell, of Illinois.

Prof. Ludlam's prize, given for the best Report of the Women's Clinic, to Miss Abbie Hinkle, of Ohio; Miss M. E. Avery, of New York.

Prof. Hall's prize for the best final examination in Surgery to H. V. Halbert, of Illinois.

Prof. Hawkes' prize to the student who proved the most accurate prescriber in the Medical Clinic, to H. C. Hoefle, of Illinois; Christopher Bollen, of So. Australia.

Prof. Leavitt's prize for the best final examination in Obstetrics to W. H. Schrader, of Illinois.

Prof. Bailey's prize for the best written report of the didactic lectures upon the Diseases of Women to Miss H. M. Brown, of Wisconsin; W. C. McCracken, of Pennsylvania.

Prof. Fellows' prize for the best essay upon "General Paralysis of the Insane" to Miss M. E. Avery, of New York.

Prof. Gilman gave a prize of $20 for the best final examination in Sanitary Science to L. C. Dow, of Vermont.

Prof. J. B. S. King gave a gold medal as the prize for the best examination in Chemistry to J. Eugene Jordan, of California.

Prof. W. S. Gee gave a prize for accurate prescribing to H. C. Hoefle, of Illinois.

Prof. G. F. Shears gave a prize for the best report of his didactic lectures on Tumors to Miss Alice C. Nivison, of Wisconsin.

THE FOURTH ANNUAL MEETING OF THE ALUMNI ASSOCIATION.

This year's gathering of the alumni was generally acknowledged to have been the most successful ever yet held, most successful in that the social element was kept foremost throughout. The executive committee had arranged for as many meetings as could well be crowded into a given space of time. Beginning with a reception at the residence of Prof. Ludlam the evening before Commencement day, and followed by the business meeting at the Grand Pacific Hotel, the graduating exercises of the college at the Grand Opera House and the banquet at the Leland Hotel, the forenoon, afternoon and evening of next day, the visiting alumni found their time pretty fully occupied.

About sixty of the "old Hahnemann" graduates attended the initial reception, and they comprised the representative physicians, men and women, of their respective States. Most of them were from the metropolitan centers of Minnesota, Wisconsin, Missouri, Michigan, Nebraska, Ohio, Indiana and Illinois, the doctors in the smaller parishes and country being, as usual, too busy to attend. A very enjoyable evening was spent, and the luncheon, served by Werner, pleased even the most fastidious.

At the business meeting resolutions were adopted in relation to the death of Prof. A. E. Small, M. D., and an endorsement of the course of the *alma mater*, coupled with a re-assurance of continued loyalty. A change in the by-laws, article VI, section 1, was carried, so that it now reads: "The initiation fee shall be one dollar. The annual dues shall be one dollar."

A list of nearly thirty new members were enrolled. The officers elected to serve the coming year were: President, C. N. Dinsmoor, M. D., Omaha, Neb.; first vice-president, F. H. Foster, M. D., Chicago; second vice-president, C. G. Higbee, M. D., St. Paul, Minn.; treasurer, J. P. Cobb, M. D., Chicago; secretary, A. K. Crawford, M. D., Chicago. Executive committee, C. L. Misick, M. D., Sandwich, Ill.; E. T.

Crafts, M. D., Chicago, and G. F. Shears, M. D., Chicago, chairman.

The same evening the banquet was attended by about 150 guests. The class of '87 was there in full force, so was the faculty of the college, so were the old alumni, who had traveled far to be present at this year's series of pleasant meetings and exercises, and the midnight hour had struck before the company arose from the tables to take leave with hearty hand-shaking.

FINAL EXAMINATIONS, SESSION 1886–87 IN THE HAHNEMANN MEDICAL COLLEGE—EXAMINATION IN SURGERY BY PROFS. HALL AND SHEARS:

1. What are the changes that take place in the blood during the process of inflammation? 2. Give the symptoms of phlebitis and the remedies commonly indicated. 3. Give the differentiating symptoms between dislocation of the head of the radius forward and fracture of the external condyle of the humerus. 4. How would you dress a fracture of the radius between the insertion of the biceps and the pronator redii teres? 5. Give the characteristic symptoms and treatment of hydrophobia. 6. Give the taxis for the reduction of a dorsal dislocation of the femur. 7. Give the differential diagnosis between innocent and malignant tumors. 8. What tendons require severing in talipes equino-varus? 9. Describe the Hunterian method of treating an aneurism of the lower third of the femoral artery. 10. Describe Teale's amputation of the leg.

EXAMINATION IN MATERIA MEDICA AND THERAPEUTICS, BY PROF. W. T. HAWKES: 1. How is it that a substance, inert in its crude or natural state, becomes an active medicinal agent in the 3d or higher potency? 2. State briefly what you understand to be the "Totality of the Symptoms." 3. What do you understand to be the value and use of a "Characteristic" or "Key-note" Symptom? 4. Give a marked and distinguishing symptom of *Rhus Tox* and *Bryonia alba* in rheumatism. 5. Likewise of *Phosphorus* and *Bryonia* in cough. 6. What remedy has the symptom—"Even the thought or mention of food causes disgust and nausea?" 7. Name two medicines often called for at the climacteric period, and give a prominent symptom of each. 8. What is the appearance of the tongue in the sick child who "cannot bear to be touched or looked at," and what is the remedy? 9. What remedy would you give to a patient ill of typhoid fever? 10. Name the medicine which has "fidgety feet" as a characteristic symptom, and give the headache peculiar to same remedy.

Miscellaneous Items.

The Homœopathic Medical Society of Kansas City has sent us the following just and eloquent tribute to the memory of PETER BAKER, M. D., who died February 19, 1887, aged sixty-nine, of heart disease, after a brief illness:

Peter Baker was born in Baltimore, Md., April 6, 1818, where he resided until 1839. In that year he went to Cincinnati, Ohio. Here he resided about two years. In 1841 he went to Memphis, Tenn.; there studied and practiced botanic medicine. In 1845 he was married to Rebecca A. Wiley, who survives, with two children, a son and a daughter, both married and residents of this city.

Dr. Baker removed from Memphis to Warsaw, Ill., in 1854 and engaged in mercantile business. During his residence there he held several offices of public trust. In 1860 he commenced the study of homœopathy; in the fall of 1862 went to Chicago and attended the Hahnemann Medical College. In the spring of 1863 he moved to Whitewater, Wis., practiced his profession during the summer, returning to the Hahnemann College in the fall, graduating in the spring of 1864.

He then located in Monmouth, Ill. Here he had a large practice, much of which was in the country. In the fall of 1867 he was thrown from his buggy, fracturing his right leg. After six weeks he was so far recovered as to resume practice with the aid of crutches. During the severity of the winter he contracted a cold, in consequence of which erysipelas attacked the site of the wound in the leg, rendering rest imperative.

About this time much was being said about Kansas City. Some friends here persuaded the Doctor to come out on a visit. He did so. After remaining about a month his health was much improved and through the solicitations of friends he was induced to open an office. His practice here began in May, 1868. At this time but one other Homœopathic physician was here.

Dr. Baker, by his persistent devotion to his profession, by his consistent life, by his unassuming manners and kindly relations toward his colleagues and his patrons soon found himself busied with a large practice which continued to increase with the growth of the city. He did not relinquish his work until December 22, 1886, about two months prior to his death.

Dr. Peter Baker did more to popularize Homœopathy in Kansas City than any other man. To his influence and success in practice, Homœopathy is largely indebted for its present advanced position in this community. His practice, in consonance with his character, was honest, his dealings with his patients open and candid. He practiced

homœopathy in its purity; none could charge him with mongrelism. His name and his successful career are intimately associated in the minds of the people with "*similia, similibus,*" and widely known in Illinois, Missouri and adjoining States.

He gave his life to the cause he loved. As a man and a physician, he leaves a spotless name, an example worthy of imitation. He goes hence without an enemy and with the respect of a whole community.

W. D. F.

The "Order of Clinics" for our Post-Graduate term can be had on application to Prof. Bailey.——The new edition of Otis Clapp & Son's Catalogue and Directory of Homœopathic Physicians in New England, is out in excellent style.——Prof. Gee wishes those students who assisted in the "provings" to send in their reports.——Dr. Wm. S Home has removed from Pittsfield to Lewiston, Me.——The New Havenites have organized a Homœopathic Medical Society on the basis of our Clinical Society.——The Kentucky State Homœopathic Society meets in Lexington May 4; the Texas State Homœopathic Society, May 3 and 4 at Fort Worth.——*Lithœmia and the diseases arising therefrom*, by Prof. Dowling, is a very useful reprint from the transcripts of the Pennsylvania State Homœopathic Society.——The Post-Graduate course will open April 5, and not on the 3d, which is Sunday.——Prof. Hall will report at the next meeting of the Clinical Society, April 2d.——Prof. Laning is out again.——Prof. Hoyne has tendered his resignation as a member of the faculty in the old Hahnemann.——Prof. Ludlam has gone to make a brace of ovariotomies in Minnesota and northern Wisconsin.——Prof. Hawkes will conduct the Children's Clinic, and Prof. King the Skin and Venereal Clinic during the Post-Graduate course.——Dr. C. M. Babcock, 1887, has located in Columbus, Wis., and Dr. Stewart, our late House Physician, in Peru, Ind.——Prof. Vilas is junketing in California.——During the Post-Graduate course Prof. Fellows will give a few special lectures on diphtheria.——Dr. N. C. Kemp, our late House Surgeon, has opened an office at 3904 Indiana ave., Chicago.